

Document 4a

100-4659, 060

ED 05

MEDICAL SUMMARY OF FEDERAL PRISONER/ALIEN IN TRANSIT

U. S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

TB Clearance Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Name <u>Baker, Darryl</u>	Prisoner/Alien Reg. # <u>19613-039</u>
1. PPD Completed: <u>10-18-7</u> Date	Departed from <u>EIK</u>	Destination <u>LEW-SCP</u> Date <u>8-26-5</u>
Results: <u>OXO</u> mm		
2. CXR Completed: <u> </u> Date		
Results: <u> </u>		
3. Symptom free per SF-600 x 30 days.		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

ALL MEDICATION TO BE CONTINUED UNTIL EVALUATED BY PHYSICIAN UNLESS OTHERWISE INDICATED

Additional Comments: UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE

Sign and Print Name - Certifying Health Care Provider Phone: Date:
 **Gary Bullock**
Physician Assistant 8-25-5

TO BE COMPLETED
AT FINAL DESTINATION Institution: Date Received:

General Population Housing Approved? yes; no (Specify limitation or need)

Approved for Temporary Work Assignment? yes; no (Specify limitations or exclusions)

Sign and Print Name of Reviewing Health Care Provider

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
8-11-05	<p>(1) Seen because pt won't let cuff up for custody to take him eye doctor (2) Exam & evaluation for previous eye probs. He continues to have a decrease in vision. Continued pain @ eye. Complaint diplopia @ VS \rightarrow 120/80 BP - P80 when reading</p> <p>(3) 10/25 20/20 (2) visual acuity Eye fundoscopic exam negative, no findings CTAB head & neck slight lateral ((CT scan orbit @ prev. fx) Janson lid gape (A) - Hx @ orbit fracture; orbital floor & eye muscle entrapment.; @ eye pain (P) pt refused to sign medical treatment refusal sheet. Offered pain meds. to prescribe - pt refused any; Said Motrin Naprosyn no help Vision acuity good - pt refused to cuffing procedures - ophthalmology exam cancelled. If any pain med - op probs (let nurse know sick call). Refused to go to ophthalmology in all cases</p>		
CLINICAL RECORD			
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Baker David
 19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRMR (41 CFR) 201-9.202-1

000002

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5.6.05	S/C
7:30	S-jt. C/o of having bumps in the scalp for years & is asking for permanent treatment to get rid of these bumps because they bother him & they are painful, also needs to know what the plan of action in regards of his Orbit fracture, pain in the Orbit still the same? he had CT done last month & no action taken.
	O. Temp: 97.6 AO x 3
	Scalp: scattered papules covered with scales on the posterior area of the scalp, no pustules; the area is about 6 inch long side to side of the scalp; no bleeding, does not usually itch; scalp, no anterior or posterior adhesions, differ to eye exam 4/1/05 & CT of the orbits & brain - no fractures done on 3/28/05.
	A. Rx of orbit fr. folliculitis.
	P - (1) schedule the pt. to be seen by the C.D. on 5/8/05 at 10:00 A.M.
	O. pt. to try to keep his hands off the scalp lesions & wash his head & scalp & eyes, no antibiotics is dictated

Monica Sidhom
Assistant HSA

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			HEALTH SERVICES
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FSL, Elkton, OH
			WARD NO.

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

BAKER, Darryl

19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIMR (41 CFR) 201-9.202-1

000004

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5-18-05 1040	<p>(S) seen on follow-up. CT scan \ominus eye still having gaze probs + pain \ominus VS. - stable.</p> <p>(A) \ominus orbital fracture with entrapment of right rectus muscle.</p> <p>(P) Back to UK - CT scan done needs to see orthopaedics for surgical consult \ominus CT scan</p>
7/6/05 9:00	<p><u>CCC</u> <u>Present</u> <u>MICHELE J. KELLER, D.O.</u> <u>CLINICAL DIRECTOR</u> <u>Wgeller</u></p> <p>S-pt still \leq of \ominus eye hunting by looking up, also some swelling of the upper lid of \ominus eye; pt. of allergy since 2 weeks. D - BP: 102/68 Temp: 97.3 O₂: 98% P. pul: 63 Key: 14</p> <p>Ex: \ominus eye: \ominus redness, pupil normal + reactive mild swelling of the upper lid. \ominus eye: \ominus swelling, \ominus redness of the conjunctiva, + tenderness on the medial side of the upper side of the orbit, throat, and pharyngeal pharynx. Lp: clear heart: NBN + abd: benign</p> <p>A - Hx of orbit fx. + diplopia: + allergy</p> <p>P - \ominus pt. ad. about U.R. Carter decision to send him to the ophthalmologist for surgical consult, also to buy allergy pills from compounding. order labs \rightarrow V.A to H. proteinase - Flu - CCC - 6 pills</p>

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

4/6/05

CHRONIC
CARE CLINIC

Cardiac Diabetic Endo/Lipid Gastro General Hypertensn
 Infect Dis Mntl Hlth Neurology OB Gyn Orth/Rheum Pulmonary

12:00

S: SMOKER N Y30+ cigs /Day EXERCISE: N 2 Days/Week walk

PAIN (0-10; 0=none, 10=most severe): 0 1 2 3 4 5 6 7 8 9 10

pt. in the left eye by looking up or to the side, also some diplopia to the left side of the face, no diplopia down, pt. of follicles that responded previously to penicillin & V. R., did not respond to other antibiotics.

O:	WT 220 lbs	BP 106/74	P 60	R 16	T 97.2	Glucose	PEF
----	---------------	--------------	---------	---------	-----------	---------	-----

EYES: Eyes equal, reactive to light Fundus: _____
diplopia with looking up, medial & lateral, +ve tachism in the upper medial arm of O abd.
ENT: WNL

NECK: WNL, skin of neck with multiple scattered papules & pustules

CHEST: Heart: P.A. & P -

Lungs: clear

ABDOMEN: WNL

EXTREMITIES: WNL

NEUROLOGIC/MENTAL HEALTH: WNL

RECENT STUDIES: C.T. & CT of skull & orbits was done last week

ASSESSMENT: Diplopia, Rx. of orbit ex., follicles.

(OVER)

HOSPITAL OR MEDICAL FACILITY

HEALTH SERVICES UNIT, FSL-ELK

STATUS

DEPART/SERVICE

RECORDS MAINTAINED AT
FCI ELKTON

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION:

(For typed or written entries, give: Name-last, first, middle; ID No or SSN;
Sex; Date of Birth; Rank/Grade)

REGISTER NO.

WARD NO.

BAKER, Darryl

19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/CMR
FIRMR (41 CFR) 20-9.202-1

000006

4.6.05

P: PATIENT EDUCATION (prevention, prognosis complications of medical illness):

1200

pt ed. about the care of his sk, keep his fingers off his skin + be a speech.
also pending on CT scan + review of U.I. in the coming refer.

TESTS: Urinalysis ECG CBC Basic Metabolic Comprehensive Metabolic Liver Hgb A1C Glucose Lipid
 TSH Phenobarbital Phenytoin Valproic Acid Carbamazepine Lithium Viral Hepatitis HCV RNA
 HBV DNA HIV Ab CD4/CD8/viral load PSA CXR MMR Microalbumin RPR H. pylori DSH LH
 Prolactin Testosterone Theophylline 24 hour urine with creatinine clearance/albumin Culture/sensitivity

OTHER TESTS:

ROUTINE INSTRUCTIONS: Stop smoking Sick call for med refills Adhere to prescribed diet Avoid added dietary salt
 Drink water to maintain CLEAR random urine Aerobic exercise (walk, bike, etc.) 30 minutes/day for at least 5 days/week
 Special exercise instructions:

Additional education (see attached instructions or below) Referral to Health Promotions/Disease Program
 Psychotropic consent Patient understands (initials/date):

CONSULTATIONS/REFERRALS:

FOLLOW-UP APPOINTMENTS: 70 days.

TREATMENT/MEDICATIONS: DRUG ALLERGIES: yes no Other:

Oprenette 5K 200g po Q10 X 7 days

MS
Moheb Sidhom
Assistant HSA

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

2/16/04 cont) 3. Was on sched for CT scan
 Cx that day due to fog/weather
 → is rescheduled this morn
 4. Ed - eye has become chronic
 situation → is NOT urgent
 has been eval & opt following
 - Rx use 1/5/04
 If in pain or ccc when due

JANE M. KELLER, D.O.
 PETTICOAT, D.O.
 BAKER, D.O.

1-19-05 Gen CCC

1050 (S) Hx of Diplopia, dizziness
 headache, + (D) eye muscle
 entrapment 2° to Carlson
 70% to assault + at 11th Kcar
 last year in 2002 transferred
 here before could get the
 surgery on his orbit.
 Relaxed in many years. No urgent
 issue. Was supposed to get
 the CT scan of orbit
 X 2 ~ Since security reason (not
 to be seen)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./REFINE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	MICHELE J. KELLER, D.O. CLINICAL DIRECTOR	16 WING
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Baker Day
 19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

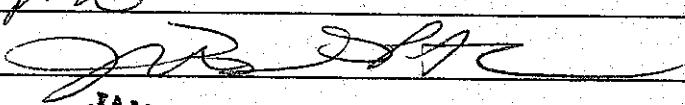
STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRMR (41 CFR) 201-9.202-1

000008

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1-19-05 (Cont'd)	
1050 (P) RSS Sible 100/70	
	HEENT.
	Eye exam - one -
	CN's - intact grossly
	needs opth. exam
	(A) diplopia dizziness
	(D) headache
	optometry - 20/20 vision
	wears glasses
	has consults from
	orbital specialists saying
	the bones, surgery
	will consult. After
	CT scan - to UR
	for consult.
	Need previous
	CT scan (pre- <u>op</u>)
	MICHELE J. KELLER, R.N. CLINICAL DIRECTOR
	<u>mgk/klm</u>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9/28/04	5/c
8/8/00	<p>⑤ Sues bothering me - Rx - 8 from commissary - saw doc in June/July - want to know what he recommended as he buys anything -</p> <p>⑥ Wdwns - opthalm 8/7 HEENT - Ears - clear Nose - mild scant rhinorrhea /+ edema 2/8 moist, clear/pink clear PVS Neck - supple 8/8 Resp exa Bilat chart reviewed - Cardio - RR 15 cm see 6/24/04</p> <p>⑦ Nasal Rhinorrhea</p> <p>⑧ Rx Nasal steroid + gynostil bid 4/1/04 Ed - Rx use 1/5/E - allergy to commissary! as directed 6/24 and today! - Rx use Measmane</p> <p>5/c 8/8</p>
fol	<p>Jane M. Barnes Physician Assistant</p> 

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
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SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	WARD NO.
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
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Baber Daugh

19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

000010

Baker 19613-031

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

11/17/2004 Admin Note: On 17 November 2004 Inmate Baker 19613-039 was pre-screened and educated for his scheduled Cat Scan.

Y.E Simpson RTR

YOLANDE SIMPSON, RTR
F.C.I. - ELKTON

12/10/04 SIC
0800 Q cold cont pain (eye ? when CT Scan when outside specialist ?) ? sinus - Ø AM "no one told me what to buy?"
Bumps on head getting worse again - "never had on the street" Really affected me - got nose bled & Rx Soxy

Downward in MAD

Scalp n R papules/pustules
posterior superior scalp

HEENT - Ears - sl yellow

Nose - P. sinus tract sinusitis

OP - moist close

Resp - crs 2 liter

Cardio - RR 30

V. check = CT fracture

(A) chronic allergic rhinitis

Folliculitis - chronic

H10 Ø orbital fx 2/04

(P) Rx Soxy 100mg 3x bid x 21d

d. pt Ed - only Rx avail = Comfrey!
feed - ND S/E of nasal steroid - Ø use of Rx

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
8/13/04	<p>0745 (3) went to FSL - just ran - He had fever 104 5/17 x 30 - OT lymph - cold PF/c /achy last couple days - Fever today C widened in neck - ofecille 974 HEENT - Ears - clear Nose P conjga OIP- (P) beefy red /exudative nasal Nuk - PR large TTP LAD - cervical anterior Resp - crs & flat Cardio - RR 30 (P) Tonsilitis (P) 1. TC done 2. Rx Amox 500mg po tid x 10d (725mg) 3. Rx Motrin 80mg po tid x 10d 4. Pt Ed - Rx use 1/2 E 1/4 until completion - 1.5 gangles / Rest - 1/2 5% oral nubalges and dry <i>Jane M. Barnes</i> <i>Physician Assistant</i> </p>		

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

FSL ELKTON

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Baker Dang
19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

000012

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
09/27/04	1/1 100/60 - 52 - 234 - Afebrile
09/25	5-4s cont pain/diplopia = t/f latision - 9s cont pain/scalp/tem - AROMA - sl/s exer / 300 pushups lifted ex - 1) eyes: pain/will t/sperior movement (C) eye no nystagmus, also pain & fibrotic went some cognitive n- Reviewed June 6 ophthalmic letter rec'd release of entrapment - S-T can't guarantee would not get t vision diplopia
	2) S-L - orbital area of following findings, which is mildly later - t/h, considered found (D), gradly only on (C).
	Reviewed CAT scan 9-6-04 - consistent old t/sib, t/fx - no other abnormality
	A- 1) S/L (C) orbital fx = impingent/entrapment 2) Kerion mild orbital swelling
	P- 1) CAT scan orbital - Fr (C) orbital fx/entrapment 2) ophthalmology Fr - ? need for surgery 3) optometrist to see - refraction / 20/20
	Rx: * Diflucan 100mg #10 t/po daily no Refill * Cephalexin 500g #40 t/po 4 times daily no Refill Fr t/po Barnes 1-2 weeks - a/cup, conc 3m, soothing for pain,
	ed - extensive re lack of guarantee that surgery will help - may end up w/ diplopia if t/diplopia was fixed! Understood t think that'll be risky! Rx for (C) (D) (F) (P)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	REGARDS TO SPONSOR
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Baker, Darryl

19613-039

4-3062

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

000014

MAY 99

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Name Baker, Darryl	Prisoner/Alien Reg. # 19613-039	D.O.B. 06/30/62
Departed From MDC Brooklyn	Date Departed 8/12/04	
Destination ELK FSL	Reason for Transfer Non-Medical	
Dist. Name	Dist.#	Date in Custody ____/____/____

Current 1. Care Level 1 4. _____
Medical 2. Hx Substance Abuse 5. _____
Problems 3. H/O L orbital Fx 6. _____

Additional Comments: NO KNOWN DRUG ALLERGIES

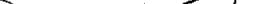
Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?

Sign and Print Name - Certifying Health Authority

Phone Number

Date Signed

	Troy A. Bradwisch LT, USPHS MDC BRO, RN	718-840-4200	Date Signed 8/11/04
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record/copy - Transporting Officer: Copy - Health Record (Top page Position one); Copy - Transferring Institution

This form may be replicated via WPS.

SIMILAR TO (USM 553)

000016

RECEIVED AT FCI ELKTON
ON 8-12-4

Gary Bullock
Physician Assistant

000017

NSN 7640-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

7/1/04

RA - note.

2040

6. 2 3 complaints

do. Today screening complete. He has who arrived for
Tx needs an off the flu

8. Due to be for further eval.

NDC Enclosed *Abuse*

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

Last Name

BAKER

First Name

DARRYL

Middle Name

ORRIN

Ht. 6'02" Wt. 230

Hr. BK By BN

REG# 19613-039 BRO

Enter entries, give: Name - last, first, middle; ID No or SSN; Sex;
& Grade.)

REGISTER NO.

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

000018

MEDICAL SUMMARY OF FEDERAL PRISONER/ALIEN IN ANSIT CDFRM

S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

B Clearance Yes No
PPD Comp Deleted: 9-11-03 Date _____

Results: OK mm

CXR Comp Deleted: _____ Date _____

Results: _____

Health Authority OK

Clearence: OK 6/29/04 Date _____

Sign _____ Date _____

Name <u>Baker, Daryl</u>	Prisoner/Alien Report # <u>99613-039</u>	D.O.B. <u>6/30/62</u>
Departed From <u>McKean</u>	Date Departed <u>7-1-04</u>	
Destination <u>EIK FSL</u>	Reason for Transfer <u>Non Medical</u>	
Dist. Name	Dist. #	Date in Custody <u>—/—/—</u>

Additional Comments - Blood and Body Fluid Precautions

Deeds Flu c ophthalmologist

Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what equipment?

Sign and Print Name Certifying Health Authority
D. Olson, MD
Clinical Director *D. Olson MD*

Phone Number

Date Signed

000020

USP Lewisburg

Inmate Received, this date

7-1-04

Medical History Reviewed

Evidence of lice

Yes No

Suicidal Thoughts

Recent Assault, Trauma or Abuse

Signs and Symptoms of Infect Dse

Allergies to Medications

Medications

Leonard Potter, EMT-P

7-1-04

O.K. For Transfer

USP Lewisburg

Medications Yes No ✓

JR Lewis
Cynthia R. Lewis, NP

000021

BP-S659.60 MEDICAL SUMMARY OF FEDERAL PRISONER/ALIEN IN ANSIT CDFRM
MAY 99

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TB Clearance	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
1. PPD Completed:	<u>9-11-03</u> Date	
Results:	<u>O/XO</u> mm	
2. CXR Completed:	Date	
Results:	<u>-</u>	
3. Health Authority	<u>OK</u>	
Clearance:	<u>6/19/03</u>	
Sign	Date	

Name <u>Baker, Daryl</u>	Prisoner/Alien Ref# <u>79613-035</u>	D.O.B. <u>6/30/62</u>
Departed From <u>McKean</u>	Date Departed <u>7-1-04</u>	
Destination <u>EIK FSL</u>	Reason for Transfer <u>Not Medred</u>	
Dist. Name	Dist.#	Date in Custody <u>7-1-04</u>

Current	1. <u>Post (E) global. F</u>	4. <u> </u>
Medical	2. <u>E mass: anticoag</u>	5. <u> </u>
Problems	3. <u> </u>	6. <u> </u>

Additional Comments - Blood and Body Fluid Precautions

Needs Flu $\frac{1}{2}$ (ophthalmologist)

Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
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Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment

Sign and Print Name - Certifying Health Authority Phone Number Date

Date

000022

000023

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

6/24/04 (5-41 x/10 AA 09 C/O Chronic Rhinitis & persistent cough
 OB15/m Onset 2 years ?? Adm yes - & Prior Hx
 Aggravated/Eacerbated by Tobacco smoke +
 Ventilation Ducts esp. 2^o sleep top Bunk.
 Reports - Facial & Frontal HPs
 (2) C/O return of scalp bumps - Rely Temp 97.10
 & itchy & itchy current - feel like
 early onset stage Hx same - chronic &
 last PBX - PCW) Partial Dromedate sites
 Reports - 1 my Hx rarely PBX & Temp Prod. but
 (0) CPOX, RPD. dusters, Accumulatory, Daffit
 • Euston's intact, mild Retracted, & fluid
 • Nose - Ocular Edema & Tuler, Ch. glottis less.
 • Eye - (+) tender R/L & Pal pale conjunct
 • Oral - intact, & lesion, (+) WT & Mild Erythema
 • Extremities, 1+ smooth & Exudate / Red.
 • Abd - (+) epigastric, SNT, & CT, & mass
 • Chest - (+) R/D & wheezes
 (V/S) Temp 98.2 PR 12 HR
 • Head - Dimp -> Occipital & LT. frontal -> Mild tender &
 Erythema papules & desquamation
 (OVER) Body Survey & lesion except scalp

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Baker, Darryl 19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/CMR
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